

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 11511Registered No. 216

1. PLACE OF BIRTH

County GilaState ArizonaTownship MiamiCity Phoenix

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Ward

2. Full name of child

Frank A. Acker

If child is not yet named, make supplemental report, as directed

Sex Female

If plural births

4. Twin, triplet, or other

6. Premature

7. Yes

8. Date of birth

Aug 281932

5. Number, in order of birth

Full term

(Month, day, year)

9. Full name

Frank Acker

FATHER

18. Full maiden name

MOTHER

Carman Sauskey

10. Residence (usual place of abode) (If nonresident, give place and state)

Miami, Ariz.

19. Residence (usual place of abode) (If nonresident, give place and state)

Miami, Ariz.11. Married12. Age at last birthday 26 (Years)20. Married21. Age at last birthday 26 (Years)

13. Birthplace (city or place)

Chicago, Ill.

22. Birthplace (city or place)

Los Angeles, Calif.

(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Unemployed

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Unemployed

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Unemployed

24. Industry or business in which work was done, as own shop, lawyer, etc., etc.

Unemployed

16. Date (month and year) engaged in this work

17. Total time (years) spent in this work

19

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

19

27. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 2(b) Born alive but now dead 0(c) Stillborn 0

28. If stillborn, period of gestation

{ months or weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

m, on the date above stated

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed)

or

Address

Filed

Oct 10

1932

M.D.

Midwife

Given name added from supplemental report

912-828-329

(Date of)

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.